



NOTICE OF PRIVACY PRACTICES

WASHINGTON OZAUKEE PUBLIC HEALTH DEPARTMENT

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please Review This Notice Carefully

This notice applies to all protected health information* (“PHI”) maintained by Washington Ozaukee Public Health Department (“WOPHD”). This notice will be followed by all members of WOPHD’s Workforce with respect to PHI maintained by WOPHD. If you have any questions after reading this Notice, please contact WOPHD’s HIPAA Privacy Officer or designee.

* Protected Health Information (PHI) is any individually identifiable health information, whether oral, written, electronic, transmitted or maintained in any form or medium that is created or received by a health care provider, a health plan, or a health care clearinghouse; and relates to an individual’s past, present, or future physical or mental health condition, health care treatment, or the past, present or future payment for health care services to the individual; and either identifies an individual (for example, name, social security number or medical record number) or can reasonably be used to find out the person’s identity (address, telephone number, birth date, e-mail address, and names of relatives or employers).

Our Pledge Regarding Your Health Information

We are committed to the protection of PHI in accordance with applicable law and accreditation standards regarding patient privacy. The health information about you is personal. This information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment. A record of the care and services you receive is needed to provide you with quality care and to comply with legal requirements.

The law requires us to:

- Make sure that health information that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to health information about you.
- Notify you in the event of a breach of your Unsecured PHI.
- Follow the terms of this Notice that are currently in effect.

When releasing your PHI, WOPHD will follow a “Minimum Necessary” standard, whereby we will make reasonable efforts to limit the use and disclosure of your PHI in order to accomplish the intended purpose or job.

Uses and disclosures of health information not covered by this Notice or the laws that apply to WOPHD will be made only with your authorization.

In certain circumstances WOPHD may use and disclose PHI about you without your written consent as follows:

- **Treatment or Referral:** We may use your medical information, without your permission, to treat you. We may disclose your medical information, without your permission, to a physician, other health care provider or non-profit organization for your treatment or access to additional services.
- **Payment:** We will use and disclose your PHI to send bills and collect payment from you, your insurance company, or other payers, such as Medicare, for the care, treatment, and other related services you receive. We may provide your name, address and insurance information to other health care providers related to your care. We may tell your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment. For billing information, contact WOPHD.
- **Health Care Operations:** We may use and disclose PHI about you for the purpose of our business operations. These business uses and disclosures are necessary to make sure that our patients receive quality care and cost effective services. For example, we may use PHI to review the quality of our treatment and services, and to evaluate the performance of our staff, contracted employees and students in caring for you.
- **Public Health and Government Functions:** We will disclose your PHI in certain circumstances to:
 - Control or prevent a communicable disease, injury or disability, to report births and deaths, and for public health oversight activities or interventions.

- The Food and Drug Administration (FDA), to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law.
- A state or federal government agency to facilitate their functions.
- **Required or Permitted by Law:** We will disclose your PHI when required to do so by federal, state, or local law. We are permitted, and required in some cases, to release your PHI in certain circumstances.

Your Protected Health Information Rights

- **Right to Request Restrictions:** You have the right to request certain restrictions of our use or disclosure of PHI for treatment, payment, or health care operations. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care or the payment for your care. We are not required to agree to your request in most cases. A request for restriction should be made in writing. To request a restriction, please contact the WOPHD.
- **Right to Access:** You have the right to access PHI about you that may be used to make decisions about your health. A request to inspect your records may be made to the WOPHD. Your request must be in writing, and we may request that you use our form. There may be a charge for copies.
- **Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as we maintain the information. Requests for amending your PHI should be made in writing to the Health Officer. WOPHD will respond to your request within 60 days after you submit the written amendment request form. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Right to Request Alternate Means of Communication:** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. We will accommodate all reasonable requests. You must make any such request in writing submitted to the Health Officer.
- **Right to Require Authorization:** Your authorization is required for most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI.
- **Right to Revoke Authorization:** If you authorize WOPHD to use or disclose your PHI, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures we have already made with your permission. To revoke an authorization you must contact the Health Officer.
- **Right to Complain:** If you believe your privacy rights have been violated, you may file a complaint with WOPHD or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with WOPHD, you must put your complaint in writing and address it to Washington Ozaukee Public Health Department, Health Officer or Privacy Officer. This person will assist you in filing your complaint and the necessary paper work. Filing a complaint will not affect your care and treatment.

Important Notice: We reserve the right to revise or change this Notice and to make the new Notice provisions effective for all PHI WOPHD maintains. The most current copy of this Notice will be available for you. You have a right to obtain a paper copy of this Notice upon request.

How to Contact Us:

Washington Ozaukee Public Health Department
HIPAA Privacy Officer
121 W. Main Street
Port Washington, WI 53074

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